

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:) CASE NO. 14-71797
)
HP/SUPERIOR, INC.,) Chapter 11
)
Debtor.) JUDGE BONAPFEL

DEBTOR'S MONTHLY FINANCIAL REPORT
FOR THE PERIOD
FROM JULY 1, 2015 TO JULY 31, 2015

Comes now the above-named debtor and files its Periodic Financial Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.



Attorney for Debtor
J. ROBERT WILLIAMSON
Georgia Bar No. 765214
ASHLEY REYNOLDS RAY
Georgia Bar No. 601559

Debtor's Address
and Phone Number:

1800 New York Avenue
Superior, WI 54880

Attorney's Address
and Phone Number:

1500 Candler Building
127 Peachtree Street, NE
Atlanta, GA 30303
Tel: (404) 893-3880

SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING 7/1/15 AND ENDING 7/31/15

Name of Debtor: HP/Superior, Inc.
Date of Petition:

Case Number 14-71797

	CURRENT MONTH	CUMULATIVE PETITION TO DATED
1. FUNDS AT BEGINNING OF PERIOD	48,646.64	10,871.90 (b)
2. RECEIPTS		
A. Cash Sales	-	-
Minus: Cash Refunds	-	-
Net Cash Sales	-	-
B. Accounts Receivable	113,544.74	2,671,938.45
C. Other Receipts (See MOR-3) (If you receive rental income, you must attach a rent roll.)	2,833.98	169,713.75
3. TOTAL RECEIPTS (Lines 2A+2B+2C)	116,178.70	2,841,652.20
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	164,825.34	2,852,524.10
5. DISBURSEMENTS		
A. Advertising	-	-
B. Bank Charges	658.80	7,242.22
C. Contract Labor	16,409.78	472,475.83
D. Fixed Asset Payments (not incl. in "N")	-	-
E. Insurance	13,152.42	241,066.56
F. Inventory Payment (See Attach 2)	-	-
G. Leases	-	5,933.18
H. Patient Care Supplies	24,692.04	361,276.48
I. Office Supplies	-	-
J. Payroll - Net (See Attachment 4B)	52,105.83	1,365,848.09
K. Professional Fees (Accounting & Legal)	-	-
L. Rent	-	-
M. Repairs & Maintenance	-	8,644.37
N. Secured Creditor Payments (See Attach 2)	-	-
O. Taxes Paid - Payroll (See Attachment 4C)	-	169,112.12
P. Taxes Paid - Sales & Use (See Attachment 4C)	-	-
Q. Taxes Paid - (See Attachment 4C)	-	-
R. Telephone	1,782.86	8,816.19
S. Travel & Entertainment	-	5,658.72
T. U.S. Trustee Quarterly Fees	-	325.00
U. Utilities	-	128,962.84
V. Vehicle Expenses	-	-
W. Other Operating Expenses (See MOR-3)	10,186.80	31,415.60
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	119,078.53	2,806,777.29
7. ENDING BALANCE (Line 4 Minus Line 6)	45,746.81 (c)	45,746.81 (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 6th day of July, 2015.



(Signature)

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b)This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.

(c)These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Guest Meals,	\$565.00	\$936.21
Lien Repayment		\$32,455.85
Loan From AltaCare Corporation		\$47,500.00
Net Bank Reversals		\$5,041.10
Interest	\$0.07	\$4.07
Coping		\$108.40
MCD Advance		\$78,500.00
Screening and Garnishment Collection	\$120.00	\$1,889.55
WID Deparment of Revenue		\$1,819.32
AR Positng Timing	\$1,948.89	\$1,359.25
TOTAL OTHER RECEIPTS	\$2,633.96	\$169,613.75

“Other Receipts” includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties, directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>
\$47,700	AltaCare Corporation	Working Capital	Administrative Expenses

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Lien With Holdings		\$6,986.69
WPC Certification		\$2,270.20
Carl Ratcliff		\$542.00
Payment #16 Act#4290		\$2,800.00
AltaCare	\$7,500.00	\$1,130.00
Resident Refund	2,686.80	\$15,000.00
TOTAL OTHER DISBURSEMENTS	\$10,186.80	\$2,686.80
		\$31,415.69

**NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.
Will when available**

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

ACCOUNTS RECEIVABLE AT PETITION DATE: \$803,505.91 As November 1 was a Saturday and effectively the October 31,2014 balance was the balance as of the Petition Date.

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	<u>\$966,820.67</u>	(a)
PLUS: Current Month New Billings	<u>\$ 0</u>	
MINUS: Collection During the Month	<u>\$(113,558.99)</u>	(b)
PLUS/MINUS: Adjustments or Writeoffs	<u>\$(835.48)</u>	*
End of Month Balance	<u>\$ 852,426.20</u>	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:
Various routine adjustments for prior months.

POST PETITION ACCOUNTS RECEIVABLE AGING
(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total
<u>\$0.00</u>	<u>\$197,129.51</u>	<u>\$87,398.19</u>	<u>\$567,898.50</u>	<u>\$852,426.20</u> (c)

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)
		<u>Medicaid and Medicare Various The Debtor continues to bill, work and collect on these accounts. \$100+ is involved in a state receivership' \$48k is awaiting various state approvals and \$70k is awaiting the respective cost reporting process.</u>

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
(b)This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).
(c)These two amounts must equal.

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*Month-end Aged Analysis Summary
St Francis in the Park Health and Rehab (068)
For the Month of May 2015*

Type	Balance	Discharge Date	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Balance	Advance Bill And Due	Total Due
aged Analysis Summary												
CA	13,545.00	13,230.00	4,882.50	2,885.00	2,047.50-					30,479.40	64,971.90	
CI	7,875.00	3,937.50	4,095.00	2,362.50						5,718.84	19,579.84	
CP	157.50	3,150.00								2,448.50	8,118.50	
CPM										3,648.00	3,648.00	
HM	3,346.50	718.89-		324.66-						13,197.23	15,500.18	
HO										5,177.14-	5,177.14-	
HP												
IN	6,210.00	19,153.07	18,702.17	13,900.71	14,543.65	26,758.14				99,267.74		
IND												
INP		4,567.50-	1,260.00-	472.50-						3,674.03	2,625.97-	
INS										875.00	875.00	
LTC												
MA	95,016.10	21,133.40	11,135.61	8,285.47	8,681.50-	11,599.24	138,488.32				138,488.32	
RB	7,040.02	3,556.53	769.00	1,542.18	2,791.43	15,268.82	31,168.98				31,168.98	
MC						37,923.15	42,684.15					
MD												
MI												
MR												
MRP												
MRS												
MS												
OI												
OM												
OP												
PM		1,227.05										
PP		19,653.60	16,492.85	3,768.89	1,212.20	2,194.00	27,094.94	31,728.19			31,728.19	
RL	435.18-	45.99	2,880.54	4,255.18	727.00	83.00	47,887.00	88,612.34			88,612.34	
TD						4,718.25	20,036.27	31,501.05			31,501.05	
XB	833.38	1,636.75	202.21	398.13	629.05	12,888.00	16,587.52				16,587.52	
XJ	677.10	814.43	185.25	294.30	524.37	637.03-	1,858.42				1,858.42	
XP				608.27		1,300.07	1,908.34				1,908.34	
ZP						1,664.53	1,681.13				1,681.13	
ZB						515.83	515.83				515.83	
ZI												
ZP												
Total	197,129.51	87,398.19	40,102.35	54,670.36	44,037.89	429,087.89	852,426.20				852,426.20	
23.13%	10.25%	4.70%	6.41%	5.17%	5.17%						50.34%	100.00%

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Billing Journal Summary
St Francis in the Park Health and Rehab (068)
For the Month of July, 2015

ATTACHMENT 2

MONTHLY ACCOUNTS PAYABLE AND SECURED PAYMENTS REPORT

Name of Debtor: HP/Superior, Inc.

Case Number: 14-71797

Reporting Period beginning 7/1/15

Period ending 7/31/15

In the space below list all invoices or bills incurred and not paid since the filing of the petition. Do not include amounts owed prior to filing the petition. In the alternative, a computer generated list of payables may be attached provided all information requested below is included.

POST-PETITION ACCOUNTS PAYABLE

TOTAL AMOUNT

Check here if pre-petition debts have been paid. Attach an explanation and copies of supporting documentation.

ACCOUNTS PAYABLE RECONCILIATION (Post Petition Unsecured Debt Only)

Opening Balance \$ 458,330.66 (a)

PLUS: New Indebtedness Incurred This Month \$ (51,328.97)

MINUS: Amount Paid on Post Petition,

88

PLUS/MINUS: Adjustments

\$ 353,983.95

Ending Month Balance \$ 353,983.95 (c)

*For any adjustments provide explanation and supporting documentation, if applicable.

SECURED PAYMENTS REPORT

List the status of Payments to Secured Creditors and Lessors (Post Petition Only). If you have entered into a modification agreement with a secured creditor/lessor, consult with your attorney and the United States Trustee Program prior to completing this section).

Secured Creditor/ Lessor	Date Due This Month	Payment Amount Paid This Month	Number of Post Petition Payments Delinquent	Total Amount of Post Petition Payments Delinquent
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TOTAL

(d)

(a) This number is carried forward from last month's report. For the first report only, this number will be zero.

(b, c) The total of line (b) must equal line (c).

(d) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5N).

Accounts Payable
Aged Payables Report
Vendor Summary Aged As of 07/31/2015

Vend	Vend Name	Disc Amt	Amount	Future	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
8	Agegis Therapies	0.00	\$3,805.91	0.00	0.00	\$38,788.54	42,669.62	0.00	2,357.75
9	Americana Healthtech	0.00	1,368.37	0.00	1,297.50	0.00	0.00	22.50	48.37
27	analeo Inc	0.00	98,409.02	0.00	6,263.94	28,296.26	16,716.77	16,599.47	30,622.58
14	Antem BCBS Dental	0.00	546.17	0.00	0.00	435.79	0.00	-215.03	225.41
12	Aramark Uniform Services	0.00	4,235.75	0.00	3,951.56	284.19	0.00	0.00	0.00
18	Bachand Estates, LLP	0.00	15,556.69	0.00	0.00	0.00	0.00	0.00	15,556.69
17	Badger Taxi	0.00	357.05	0.00	0.00	0.00	357.05	0.00	0.00
205	Brenda Clark	0.00	16.68	0.00	0.00	16.68	0.00	0.00	0.00
5	Briggs	0.00	404.34	0.00	0.00	404.34	0.00	0.00	0.00
22	Charter Communications	0.00	1,402.49	0.00	0.00	710.71	691.78	0.00	0.00
91	Chery Pilsbury	0.00	463.00	0.00	0.00	0.00	0.00	0.00	463.00
178	Chris Fitch	0.00	102.63	0.00	0.00	102.63	0.00	0.00	0.00
25	City of Superior-Stormwater Utility	0.00	8,107.54	0.00	0.00	0.00	0.00	3,942.19	4,165.35
21	Crandall & Associates	0.00	-346.00	0.00	-676.00	330.00	0.00	0.00	0.00
34	De Lage Landen Financial Services, Inc.	0.00	878.78	0.00	0.00	878.78	0.00	0.00	0.00
217	Delta Lighting Products Inc	0.00	184.99	0.00	0.00	184.99	0.00	0.00	0.00
40	ESC Systems	0.00	455.40	0.00	0.00	0.00	455.40	0.00	0.00
42	Fire & Industrial Sales, Inc.	0.00	24.50	0.00	0.00	24.50	0.00	0.00	0.00
158	Floyd Adams	0.00	805.79	0.00	0.00	0.00	805.79	0.00	0.00
144	Gabriel First Corp	0.00	385.07	0.00	0.00	0.00	0.00	0.00	385.07
46	Health Partners	0.00	7,415.20	0.00	7,415.20	0.00	0.00	0.00	0.00
48	Home Medical Products & Svcs	0.00	1,166.88	0.00	0.00	342.88	356.00	204.00	264.00
135	Humana Insurance Co	0.00	5,740.32	0.00	5,740.32	0.00	0.00	0.00	0.00
168	Jennifer Rose	0.00	91.41	0.00	0.00	91.41	0.00	0.00	0.00
212	Jim Fauncezimber	0.00	3,312.00	0.00	0.00	0.00	0.00	0.00	3,312.00
53	Joe P. Kimmes Oil Co., Inc.	0.00	0.73	0.00	0.00	0.00	0.00	0.00	0.73
160	LB Medwaste Services	0.00	899.55	0.00	0.00	103.00	72.00	97.75	626.80
164	Liturgical Publications Inc	0.00	395.00	0.00	0.00	0.00	395.00	0.00	0.00
66	Marathon Shredding	0.00	273.92	0.00	0.00	273.92	0.00	0.00	0.00
125	Marcie Ringelstetter	0.00	192.00	0.00	0.00	0.00	0.00	0.00	192.00
50	MassMutual - fka Hartford Life Ins	0.00	9,708.16	0.00	0.00	0.00	0.00	0.00	9,708.16
60	Merwin IV & Speciality Pharmacy	0.00	6,687.87	0.00	0.00	0.00	0.00	6,145.59	542.28
59	Merwin LTC Pharmacy	0.00	17,119.16	0.00	0.00	9,151.61	7,967.55	0.00	0.00
71	National Vision Administrators	0.00	58.90	0.00	0.00	58.90	0.00	0.00	0.00

HP/Superior-DIP

Accounts Payable
Aged Payables Report
Vendor Summary Aged As of 07/31/2015

Vend	Vend Name	Disc Amt	Amount	Future	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
147	Optum360	0.00	150.76	0.00	0.00	0.00	0.00	150.76	0.00
7	Petty Cash	0.00	19,695.18	0.00	2,355.45	2,702.96	6,870.02	7,366.28	376.47
81	Platinum Care	0.00	2,735.40	0.00	0.00	2,735.40	0.00	0.00	0.00
78	Plunkett's Pest Control	0.00	165.04	0.00	0.00	42.05	42.03	40.49	40.49
83	Positive Promotions	0.00	47.94	0.00	0.00	0.00	0.00	47.94	0.00
86	Professional Portable X-Ray, Inc.	0.00	267.04	0.00	0.00	267.04	0.00	0.00	0.00
206	Robertson Ryan & Associates, Inc.	0.00	12.36	0.00	0.00	0.00	0.00	0.00	12.36
219	SCR - Central	0.00	2,304.60	0.00	0.00	2,304.60	0.00	0.00	0.00
38	SMDC Clinical Lab - (Essentia Health)	0.00	571.92	0.00	0.00	135.89	0.00	183.42	252.61
110	St. Luke's Hospital	0.00	248.74	0.00	0.00	3.06	0.00	88.32	157.36
106	Superior USA Corporation	0.00	2,685.18	0.00	0.00	0.00	0.00	0.00	2,685.18
104	Superior Water & Light & Power Co.	0.00	39,407.73	0.00	11,703.36	13,725.73	13,975.64	0.00	0.00
118	Telephone Associates	0.00	1,815.01	0.00	\$14.01	1,001.00	0.00	0.00	0.00
218	Tenant Sales & Service Company	0.00	31.18	0.00	0.00	31.18	0.00	0.00	0.00
2	U.S. Foodservice	0.00	6,926.24	0.00	380.15	6,546.09	0.00	0.00	0.00
165	U.S. Trustee	0.00	4,875.00	0.00	4,875.00	0.00	0.00	0.00	0.00
145	UNUM Life Insurance Company of America	0.00	497.11	0.00	497.11	0.00	0.00	0.00	0.00
Wa	Waste Management of WI-MN	0.00	1,224.45	0.00	1,224.45	0.00	0.00	0.00	0.00
127	WI Dept of Justice	0.00	106.00	0.00	0.00	60.00	40.00	0.00	0.00
Report Totals:									
		0.00	353,983.95	0.00	45,907.95	109,975.01	90,606.86	35,409.47	72,084.66

ATTACHMENT 3
INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: \$ _____

INVENTORY RECONCILIATION:

Inventory Balance at Beginning of Month	<u>\$ _____</u>	(a)
PLUS: Inventory Purchased During Month	<u>\$ _____</u>	
MINUS: Inventory Used or Sold	<u>\$ _____</u>	
PLUS/MINUS: Adjustments or Write-downs	<u>\$ _____</u>	*
Inventory on Hand at End of Month	<u>\$ _____</u>	

METHOD OF COSTING INVENTORY: _____

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
<u>_____ %</u>	<u>_____ %</u>	<u>_____ %</u>	<u>_____ %</u>	<u>100%*</u>

* Aging Percentages must equal 100%.

Check here if inventory contains perishable items.

Description of Obsolete Inventory: Non Applicable

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: _____ (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only):

FIXED ASSETS RECONCILIATION:

Fixed Asset Book Value at Beginning of Month	<u>\$ _____</u>	(a)(b)
MINUS: Depreciation Expense	<u>\$ _____</u>	
PLUS: New Purchases	<u>\$ _____</u>	
PLUS/MINUS: Adjustments or Write-downs	<u>\$ _____</u>	*
Ending Monthly Balance	<u>\$ _____</u>	

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: _____

(a)This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b)Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

Period ending 7/31/15

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxx4290

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ 4,928.05
Plus Total Amount of Outstanding Deposits	\$ 37,802.34
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ 42,730.39 **(a)

*Debit cards are used by N/A

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: Check here if cash disbursements were authorized by United States Trustee)

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5A

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxxxxx4290

PURPOSE OF ACCOUNT: OPERATING

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the

Account for all disbursements, including
the alternative, a computer generated check register can be attached to this report, provided all the
information requested below is included.

Accounts Payable
Vendor Payment Activity-Summary

Tran No	Batch	Tran Date	Vend	Tran Amt HC
0000100013	APSC-0000072	7/1/2015	6	First Insurance Funding 3,459.55
0999070715	APMC-0000121	7/7/2015	21	Crandall & Associates 676.00
0999072715	APMC-0000129	7/27/2015	12	Aramark Uniform Services 15,484.67
0999073115	APMC-0000130	7/31/2015	81	Platinum Care 6,447.64
			Report Total:	26,067.86 22,618.71

Run Date: 8/11/2015 11:02:13 AM
Business Date: 8/11/2015

**SUPERIOR, INC. (185)
OPERATING BANK RECONCILIATION
(185) 1-0000-1000004**

July 31, 2015

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4290)

	Per Bank	Per Books
BEGINNING GL BALANCE		<u>26,577.02</u>
ENDING BANK BALANCE	<u>4,928.05</u>	
FACILITY DEPOSITS		111,732.75
Deposit In Transit	37,802.34	37,802.34
WIRE TRANSFERS		(110,500.00)
 AP CHECKS ISSUED (NET OF VOIDS) - MAS500		(22,608.31)
 OUTSTANDING CHECKS (SCHEDULE ATTACHED)		
ANALYSIS CHARGE		(273.41)
 VOID CHECKS:		
 MISCELLANEOUS ITEMS:		
		<u>42,730.39</u>
		<u>42,730.39</u>

Difference between Bank and Books

Prepared by: _____

Approved by: _____

SUPERIOR, INC. (185)
OUTSTANDING CHECKS
July 31, 2015
NATIONAL BANK OF COMMERCE (ENDING 4290)

TOTAL OUTSTANDING CHECKS ----->

CHECK #	DATE	PAYEE	AMOUNT
		None.	End

Date 7/31/15 Page 1
Primary Account 0XXXXXXXXXX@4290
Enclosures 1

HP SUPERIOR INC
ST FRANCIS IN THE PARK
OPERATING ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC
ST FRANCIS IN THE PARK
OPERATING ACCOUNT

WE ARE TAKING PRECAUTIONS TO PROTECT OUR DEBIT CARD CUSTOMERS FROM FRAUDULENT TRANSACTIONS. BEFORE YOU TRAVEL, PLEASE NOTIFY US.

BUSINESS CKING-RDC	Number of Enclosures	1
Account Number	Statement Dates 7/01/15 thru 8/02/15	
Previous Balance	Days in the statement period	33
7 Deposits/Credits	Average Ledger	13,320.40
25 Checks/Debits	Average Collected	13,320.40
SERVICE CHARGE		
Interest Paid		
Current Balance		

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$.00	\$120.00
Return item fees year to date	\$.00	\$.00

Date 7/31/15 Page 2
Primary Account @XXXXXXXXXX@4290
Enclosures 1

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

7/01 Analysis Service Charge	123.41-	26,453.61
7/01 REMOTE DEPOSIT CAPTURE-MONTHLY	50.00-	26,403.61
REMOTE DEPOSIT CAPTURE-MONTHLY		
7/01 Transf to PAYROLL	10,500.00-	15,903.61
Confirmation number 701150079		
7/02 Medicaid State of Wisc	28,170.79	44,074.40
HP SUPERIOR INC DBA		
32307914Y		
TRN*1*500803340*1396006469		
7/02 Wire Transfer Fee	10.00-	44,064.40
7/02 Wire Transfer Debit	9,500.00-	34,564.40
HP SUPERIOR INC ST FRANCIS		
071025661		
4814771029		
1800 NEW YORK AVE		
SUPERIOR, WI 54880		
BMO HARRIS BANK NA		
CHICAGO, IL		
20150702 000003		
7/03 Wire Transfer Fee	10.00-	34,554.40
7/03 Wire Transfer Debit	15,000.00-	19,554.40
ALTACARE CORPORATION		
061000104		
1000167334191		
3050 ROYAL BLVD SOUTH STE 190		
ALPHARETTA, GA 30022		
SUNTRUST ATL		
ATLANTA, GA		
20150703 000001		
7/07 Wire Transfer Fee	10.00-	19,544.40
7/07 Wire Transfer Debit	676.00-	18,868.40
CRANDALL CORPOTATE DIETITIANS		
122106316		
6000107323		
1930 ARBOLEDA MESA, AZ 85213		
GATEWAY COM BK AZ		
MESA, AZ		
ST FRANCIS		
20150707 000001		
7/08 CHECKING DEPOSIT	10,542.54	29,410.94
7/08 Wire Transfer Fee	10.00-	29,400.94
7/08 Wire Transfer Debit	7,000.00-	22,400.94
HP SUPERIOR INC		
071025661		
4814771029		

Date 7/31/15 Page 3
Primary Account @XXXXXXXXXX@4290
Enclosures 1

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

1800 New York Ave SUPERIOR, WI 54000 BMO HARRIS BANK NA CHICAGO, IL ST FRANCIS		
20150708 000003		
7/09 Medicaid State of Wisc	27,106.13 ✓	49,507.07
HP SUPERIOR INC DBA 32317493Y TRN*1*500806929*1396006469		
7/09 Wire Transfer Fee	10.00-	49,497.07
7/09 Wire Transfer Debit	21,000.00-	28,497.07
SALEM NURSING& REHAB CTR OF AU 061104314 0201021099 2021 SCOTT RD AUGUSTA, GA 30906 GA BANK TRUST CO AUGUSTA, GA		
20150709 000004		
7/10 Transf to PAYROLL For Payroll Today Confirmation number 710150052	28,000.00-	497.07
7/14 HCCLAIMPMT NATIONAL GOVERNMENT HP SUPERIOR INC 525397 TRN*1*EFT5535306*1351840597*00 0006001~	6,254.09 ✓	6,751.16
7/15 Wire Transfer Fee	10.00-	6,741.16
7/15 Wire Transfer Debit	2,500.00-	4,241.16
AltaCare Corporation 061000104 1000167334191 3050 Royal Blvd South, Suite 1 Alpharetta, GA 30022 SUNTRUST ATL ATLANTA, GA ST FRANCIS		
20150715 000007		
7/16 Medicaid State of Wisc	7,139.20 ✓	11,380.36
HP SUPERIOR INC DBA 32326821Y TRN*1*500810528*1396006469		
7/20 Transf to PAYROLL Confirmation number 720150224	5,000.00-	6,380.36
7/22 Wire Transfer Fee	10.00-	6,370.36

Date 7/31/15 Page 4
Primary Account @XXXXXXXXXX@4290
Enclosures 1

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

7/22	Wire Transfer Debit	4,000.00-	2,370.36
	HP SUPERIOR INC ST FRANCIS IN 071025661 4814771029 1800 NEW YORK AVE SUPERIOR, WI 54880 BMO HARRIS BANK NA CHICAGO, IL 20150722 000006		
7/23	Medicaid State of Wisc	120.00	2,490.36
	HP SUPERIOR INC DBA 32335953Y TRN*1*500814094*1396006469		
7/24	TRANSFER PER JEN ROSE	32,400.00	34,890.36
7/27	Wire Transfer Fee	10.00-	34,880.36
7/27	Wire Transfer Fee	10.00-	34,870.36
7/27	Wire Transfer Debit	8,000.00-	26,870.36
	HP SUPERIOR INC ST FRANCIS IN 071025661 4814771029 1800 NEW YORK AVE SUPERIOR, WI 54880 BMO HARRIS BANK NA CHICAGO, IL 20150727 000005		
7/27	Wire Transfer Debit	15,484.67-	11,385.69
	ARAMARK UNIFORM SERVICES (AUS) 071000013 496557153 26605 NETWORK PLACE CHICAGO, IL 60673-1266 JPMCHASE ILLINOIS CHICAGO, IL ST FRANCIS 20150727 000005		
7/31	Wire Transfer Fee	10.00-	11,375.69
7/31	Wire Transfer Debit	6,447.64-	4,928.05
	PLATINUM CARE INC 021407912 7017208106 240 52ND ST BROOKLYN, NY 11220 NORTH FORK BANK MELVILLE, NY		

Date 7/31/15 Page 5
Primary Account @XXXXXXXXXX@4290
Enclosures 1

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

ST FRANCIS
20150731 000013

* * * DAILY BALANCE INFORMATION * * *					
Date	Balance	Date	Balance	Date	Balance
7/01	15,903.61	7/10	497.07	7/23	2,490.36
7/02	34,564.40	7/14	6,751.16	7/24	34,890.36
7/03	19,554.40	7/15	4,241.16	7/27	11,385.69
7/07	18,068.40	7/16	11,380.36	7/31	4,928.05
7/08	22,400.94	7/20	6,380.36		
7/09	28,497.07	7/22	2,370.36		

ATTACHMENT 4A-2

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

Period ending 7/31/15

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: BMO Harris Bank

BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxxx1029

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ 1,698.96
Plus Total Amount of Outstanding Deposits	\$
Minus Total Amount of Outstanding Checks and other debits	\$ (30,693.66) *
Minus Service Charges	\$
Ending Balance per Check Register	\$ (28,994.70) **(a)

*Debit cards are used by N/A

****If Closing Balance is negative, provide explanation: Deposit will be made the first of August.**

The following disbursements were paid in Cash (do not includes items reported as Petty Cash on Attachment 4D: Check here if cash disbursements were authorized by United States Trustee)

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$28,500 Transfer in from #4290
\$4,500 Transfer in from #1037

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

**SUPERIOR, INC. (215)
OPERATING BANK RECONCILIATION
(215) 1-0000-1000004
July 31, 2015
HARRIS BANK (Bank Account Number Ending 1029)**

	Per Bank	Per Books
		(35,801.29)
BEGINNING GL BALANCE	1,698.96	
ENDING BANK BALANCE	1,698.96	
FACILITY DEPOSITS	4,445.95	
EARNED INTEREST	0.07	
WIRE TRANSFERS	33,000.00	
AP CHECKS ISSUED (NET OF VOIDS) - MAS500		(26,949.88)
OUTSTANDING CHECKS (SCHEDULE ATTACHED)		(30,693.66)
ANALYSIS CHARGE		(230.00)
MISCELLANEOUS ITEMS: Check #100013 to First Insurance Funding		(3,459.55)
	(28,994.70)	(28,994.70)

Difference between Bank and Books

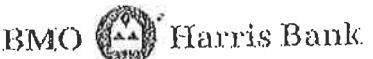
Prepared by: _____

Approved by: _____

SUPERIOR, INC. (215)
OUTSTANDING CHECKS
July 31, 2015
HARRIS BANK (Bank Account Number Ending 1029)

TOTAL OUTSTANDING CHECKS ----->			<u>30,693.66</u>
CHECK #	DATE	PAYEE	AMOUNT
5064	03/06/15	Superior Water & Light & Power Co.	20,713.45
5136	06/19/15	Superior Entrance Systems, Inc.	150.00
5137	06/19/15	Arlene Tapper	4,380.00
5138	06/19/15	Belknap Plumbing & Heating	439.41
5139	06/19/15	Badger Taxi	483.95
5140	06/19/15	Crandall & Associates	678.00
5144	06/19/15	Otis Elevator Company	425.12
5145	06/19/15	Gary Peterson, M.D.	2,250.00
5146	06/19/15	Waste Management of WI-MN	1,150.73
5155	07/27/15	Terry Johnson	25.00

End



A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

207904

ACCOUNT NUMBER: [REDACTED] 1029

Statement Period
07/01/15 TO 07/31/15
IM0099002900000000

01 09196

PAGE 1 OF 3

0 HP/SUPERIOR, INC.
DBA ST FRANCIS IN THE PARK
OPERATING ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

1000

GOOD NEWS! EFFECTIVE SEPTEMBER 27, 2015, CASH DEPOSITS AT BRANCHES AND ATMS WILL BE AVAILABLE FOR IMMEDIATE USE ON THE DAY THAT WE RECEIVE THE DEPOSIT. EACH ATM DEPOSIT MAY INCLUDE UP TO 40 ITEMS AND SHALL NOT EXCEED \$999,999.99. THIS AMENDS SECTIONS 8 AND 9(C) OF THE DEPOSIT ACCOUNT AGREEMENT FOR PERSONAL AND BUSINESS ACCOUNTS.

IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO HARRIS ACCOUNTS, PLEASE CALL US TOLL-FREE AT 1-888-340-2265. BMO HARRIS BANK(R) IS A TRADE NAME USED BY BMO HARRIS BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER. NMLS401052 VISIT US ONLINE AT WWW.BMOHARRIS.COM.

CHECKING ACCOUNTS

BUSINESS ADVANTAGE CKG
ACCOUNT NUMBER [REDACTED] 1029 (Checking) HP/SUPERIOR, INC.

Interest Paid YTD 1.03

SERVICE CHARGE ANALYSIS

		Volume	Units	Amount
Average Ledger Bal	2,436.76	Maintenance Fee		20.00
Average Float	143.41	Checks Paid	8	
Average Coll Bal	2,293.35	Checks Deposited	3	
		Deposits	1	
		ACH Credits	0	
		ACH Debits	6	
		Domestic Wire In	4	.00
		Total Transactions	18	.00
		Excessive Trans > 500	0	.00
		Total Service Charge		20.00

DEPOSIT ACCOUNT SUMMARY

Previous Balance as of June	30, 2015	4,481.09~
12 Deposits	(Plus)	61,353.70
23 Withdrawals	(Minus)	55,153.72
Interest Paid	(Plus)	.07
Service Charge	(Minus)	20.00
Ending Balance as of July	31, 2015	1,698.96

BMO  Harris Bank

A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60091-4033

207905

ACCOUNT NUMBER: **1029**

Statement Period
07/01/15 TO 07/31/15
IM0099002900000000

01 09196

HP/SUPERIOR, INC.

PAGE 2 OF 3

0

Deposits and Other Credits

Date	Amount	Description
Jul 01	4,300.00	RETURNED CHECK NSF 5137
Jul 02	3,096.44	RETURNED CHECK NSF 5149
Jul 02	4,500.00	PC TRANSFER CREDIT
Jul 02	4,619.26	RETURNED ACH DEBIT NSF
Jul 02	9,500.00	CTX US FOODSERVICE VENDOR PAY
Jul 02	INCOMING WIRE	
Jul 08	7,000.00	FED WIRE TRANSFER CREDIT 1507020WIRE-IN
Jul 13	4,380.00	INCOMING WIRE
Jul 13	4,445.95	RETURNED CHECK NSF 5137
Jul 22	4,000.00	TELLER DEPOSIT
Jul 23	2,661.80	INCOMING WIRE
Jul 27	8,000.00	FED WIRE TRANSFER CREDIT 1507270WIRE-IN
Jul 30	4,570.26	RETURNED ACH DEBIT NSF
Jul 31	.07	CTX US FOODSERVICE VENDOR PAY
		INTEREST PAID

Withdrawals and Other Debits

Date	Amount	Description
Jul 01	4,819.25	ACH DEBIT
Jul 01	35.00	CTX US FOODSERVICE VENDOR PAY
Jul 02	70.00	NSF FEE
Jul 07	4,819.25	ACH DEBIT
Jul 08	3,859.67	CTX US FOODSERVICE VENDOR PAY
Jul 13	35.00	ACH DEBIT
Jul 15	4,456.67	CTX US FOODSERVICE VENDOR PAY
Jul 22	5,108.81	ACH DEBIT
Jul 23	35.00	CTX US FOODSERVICE VENDOR PAY
Jul 29	4,570.26	ACH DEBIT
Jul 30	35.00	CTX US FOODSERVICE VENDOR PAY
Jul 31	20.00	NSF FEE
		MAINTENANCE FEE

Checks by Serial Number

Date	Serial #	Amount	Date	Serial #	Amount
Jul 10	5137	4,300.00	Jul 07	5151	1,782.86
Jul 06	5141 *	128.90	Jul 08	5152	3,096.44
Jul 06	5143 *	1,146.11	Jul 22	5153	2,661.80
Jul 07	5148 *	40.00	Jul 28	5153	2,661.80
Jul 01	5149	3,096.44	Jul 27	5154	4,235.02
Jul 06	5150	620.09	Jul 03	100013 *	3,459.55

* Indicates break in check sequence

BMO  **Harris Bank**
A part of BMO Financial Group

BMO HARRIS BANK N.A. 207905
P.O. BOX 94033
PALATINE, IL 60094-4033

ACCOUNT NUMBER: **1029**

Statement Period
07/01/15 TO 07/31/15
IM0099002900000000

01 09196

HP/SUPERIOR, INC.

PAGE 3 OF 3

0

Daily Balance Summary

Date	Balance	Date	Balance
Jun 30	4,481.09-	Jul 15	1,795.32
Jul 01	8,051.78-	Jul 22	1,975.29-
Jul 02	13,793.91	Jul 23	651.51
Jul 03	10,334.36	Jul 27	4,415.69
Jul 06	8,439.26	Jul 28	1,753.89
Jul 07	1,797.15	Jul 29	2,816.37-
Jul 08	1,841.04	Jul 30	1,718.89
Jul 10	2,538.96-	Jul 31	1,698.96
Jul 13	6,251.99		

Statement Period Rates

Effective	Jul 01, 2015	Balance	Rate
		ZERO to	0.010 %
		5,000 to	0.010 %
		10,000 to	0.050 %
		25,000 to	0.050 %
		50,000 to	0.100 %
		100,000 to	0.100 %
		250,000 to	0.100 %
		1,000,000 to	0.100 %
		10,000,000 to	0.100 %
		9,999,999	0.100 %
		99,999,999	0.100 %

ATTACHMENT 5A-2

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

NAME OF BANK: BMO Harris Bank BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxxxxx1029

PURPOSE OF ACCOUNT: OPERATING

PURPOSE OF ACCOUNT: OPERATING

Account for all disbursements, including voids, lost checks, stop payments, etc. In the

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

Accounts Payable
Vendor Payment Activity-Summary

HR/Suppior-DIP

Tran No	Batch	Tran Date	Vend	Tran Amt HC
0000000511	APSC-00000073	7/2/2015	118	Telephone Associates
00000005149	APMC-00000114	7/6/2015	44	Five Rivers Management, LLC
00000005152	APSC-00000074	7/7/2015	44	Five Rivers Management, LLC
00000005153	APSC-00000075	7/10/2015	201	Terry Johnson
09990707015	APMC-0000120	7/7/2015	2	U.S. Foodservice
0999070815	APMC-0000122	7/8/2015	2	U.S. Foodservice
00000070115	APMC-0000123	7/1/2015	1	AltaCare Corporation
00000701131	APMC-0000124	7/1/2015	126	Wisconsin Dept of Health & Family Svcs
00000701132	APMC-0000125	7/1/2015	89	Gary Peterson, M.D.
00000005154	APSC-0000076	7/24/2015	1	AltaCare Corporation
00000005155	APSC-0000077	7/27/2015	201	Terry Johnson
0999071515	APMC-0000126	7/15/2015	2	U.S. Foodservice
0999072215	APMC-0000128	7/22/2015	2	U.S. Foodservice
Report Total:				26,949.88

Run Date: 8/10/2015 4:50:39 PM
Business Date: 8/10/2015

Page 1

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm.

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxx4308

PURPOSE OF ACCOUNT: PAYROLL

Ending Balance per Bank Statement	<u>\$ 2,390.58</u>
Plus Total Amount of Outstanding Deposits	<u>\$</u>
Minus Total Amount of Outstanding Checks and other debits	<u>\$ (874.85)</u> *
Minus Service Charges	<u>\$</u>
Ending Balance per Check Register	<u>\$ 1,515.73</u>

**(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid by Cash: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (185)
PAYROLL BANK RECONCILIATION

(185) 1-0000-1000005

July 31, 2015

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4308)

	Per Bank	Per Books
		(10,411.94)
BEGINNING GL BALANCE		
ENDING BANK BALANCE	<u>2,390.58</u>	
FACILITY DEPOSITS		64,500.00
WIRE TRANSFERS		
PAYROLL CHECKS 07/10/15 (#66963-67062)		(52,105.83)
OUTSTANDING CHECKS (SCHEDULE ATTACHED)		(874.85)
PROLIANT AP PAYMENT - 07/09/15		(339.11)
ANALYSIS CHARGE		(127.39)
MISCELLANEOUS ITEMS:		
	<u>1,515.73</u>	<u>1,515.73</u>
<i>Difference between Bank and Books</i>		(0.00)

Prepared by: _____

Approved by: _____

SUPERIOR, INC. (185)
OUTSTANDING CHECKS
July 31, 2015
NATIONAL BANK OF COMMERCE (ENDING 4308)

TOTAL OUTSTANDING CHECKS			874.86
CHECK #	PAYEE	DATE	AMOUNT
66995	Hall, Angela	07/10/15	193.32
67059	WI Council 40, Per Capita	07/10/15	681.53
		End	

Date 7/31/15 Page 1
Primary Account 0XXXXXXXXXX@4308
Enclosures 109

HP SUPERIOR INC
ST FRANCIS IN THE PARK
PAYROLL ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC
ST FRANCIS IN THE PARK
PAYROLL ACCOUNT

WE ARE TAKING PRECAUTIONS TO PROTECT OUR DEBIT CARD CUSTOMERS FROM FRAUDULENT
TRANSACTIONS. BEFORE YOU TRAVEL, PLEASE NOTIFY US.

BUSINESS CHECKING	Number of Enclosures
Account Number 0XXXXXXXXXX@4308	Statement Dates 7/01/15 thru 8/02/15
Previous Balance 3,008.57-	Days in the statement period 33
4 Deposits/Credits 64,500.00	Average Ledger 5,084.50
113 Checks/Debits 59,100.85	Average Collected 5,084.50
SERVICE CHARGE .00	
Interest Paid .00	
Current Balance 2,390.58	

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$60.00	\$1,170.00
Return item fees year to date	\$.00	\$.00

Date 7/31/15 Page 2
 Primary Account @XXXXXXXXXX@4308
 Enclosures 109

BUSINESS CHECKING @XXXXXXXXXX@4308 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

7/01 Trsf from OPERATING ACCT Confirmation number 701150079	10,500.00	7,491.43
7/01 Total of 4 Checks Presented	709.21-	6,782.22
7/01 Analysis Service Charge	67.39-	6,714.83
7/02 Total of 3 Checks Presented	2,545.54-	4,169.29
7/03 Total of 2 Checks Presented	2,517.01-	1,652.28
7/09 PD BILL GA0582 HP/SUPERI ST FRANCIS HOME IN THE GA0582	339.11-	1,313.17
7/10 Wire Transfer Credit HP CAMBRIDGE HOUSE INC 250 BELLE BROOK RD BRISTOL, TN 37620-5623 CAMBRIDGE PR TO ST FRANCIS PR 20150710L1LFW8C000176 20150710QMCFNP75001075 07101407FT03	21,000.00	22,313.17
7/10 Trsf from OPERATING ACCT For Payroll Today Confirmation number 710150052	28,000.00	50,313.17
7/10 Total of 30 Checks Presented	17,605.29-	32,707.88
7/13 Total of 38 Checks Presented	21,030.88-	11,677.00
7/14 Total of 19 Checks Presented	9,687.18-	1,989.82
7/15 Total of 5 Checks Presented	996.71-	993.11
7/17 Total of 3 Checks Presented	1,514.98-	521.87-
7/17 Paid Item Fee	30.00-	551.87-
7/17 Paid Item Fee	30.00-	501.87-
7/20 Trsf from OPERATING ACCT Confirmation number 720150224	5,000.00	4,418.13
7/20 Total of 3 Checks Presented	1,849.03-	2,569.10
7/21 Total of 2 Checks Presented	178.52-	2,390.98

--- CHECKS IN CHECK NUMBER ORDER ---

Date	Check No	Amount	Date	Check No	Amount
7/20	66866	664.87	7/20	66958	664.87
7/02	66874*	1,668.15	7/01	66959	131.47
7/02	66890*	149.20	7/01	66960	84.00
7/02	66896*	728.19	7/14	66963*	676.65
7/17	66894*	301.87	7/17	66964	752.48
7/03	66919*	370.61	7/17	66965	460.63
7/03	66924*	2,146.40	7/14	66966	821.85
7/01	66931*	367.28	7/14	66967	436.94
7/01	66957*	126.46	7/10	66968	1,091.96

* Denotes missing check numbers

Date 7/31/15 Page 3
 Primary Account @XXXXXXXXXX@4308
 Enclosures 109

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

Date	Check No	CHECKS IN CHECK NUMBER ORDER		Amount
		Amount	Date	
7/10	66969	436.94	7/10	67015 299.60
7/10	66970	654.65	7/10	67016 180.04
7/13	66971	1,095.30	7/14	67017 766.23
7/13	66972	455.55	7/20	67018 519.29
7/10	66973	697.42	7/10	67019 282.37
7/10	66974	1,197.11	7/10	67020 184.70
7/10	66975	648.54	7/13	67021 433.91
7/13	66976	580.12	7/13	67022 512.78
7/10	66977	1,018.51	7/10	67023 859.92
7/10	66978	453.17	7/14	67024 366.62
7/13	66979	785.98	7/13	67025 467.92
7/13	66980	10.24	7/14	67026 838.72
7/13	66981	1,042.25	7/13	67027 1,535.37
7/13	66982	258.81	7/14	67028 1,088.31
7/10	66983	1,411.96	7/10	67029 674.30
7/13	66984	445.01	7/10	67030 996.89
7/10	66985	140.25	7/13	67031 500.51
7/10	66986	609.77	7/13	67032 341.72
7/14	66987	590.95	7/13	67033 917.56
7/14	66988	492.25	7/15	67034 367.93
7/13	66989	208.50	7/14	67035 271.81
7/14	66990	464.73	7/21	67036 102.36
7/13	66991	376.19	7/14	67037 206.94
7/10	66992	657.03	7/13	67038 232.33
7/13	66993	304.60	7/14	67039 218.48
7/13	66994	466.75	7/13	67040 579.52
7/10	66996*	207.42	7/13	67041 1,180.46
7/10	66997	350.83	7/13	67042 356.64
7/13	66998	390.97	7/13	67043 309.01
7/14	66999	399.35	7/13	67044 160.21
7/10	67000	333.86	7/13	67045 453.04
7/10	67001	229.77	7/10	67046 483.62
7/15	67002	320.49	7/13	67047 400.47
7/13	67003	390.38	7/10	67048 142.97
7/13	67004	145.05	7/14	67049 377.14
7/21	67005	76.16	7/13	67050 740.94
7/13	67006	385.72	7/13	67051 735.62
7/14	67007	218.50	7/13	67052 1,224.89
7/14	67008	597.36	7/10	67053 969.01
7/14	67009	230.87	7/10	67054 725.44
7/14	67010	623.48	7/10	67055 752.99
7/10	67011	334.04	7/10	67056 579.41
7/13	67012	283.24	7/13	67057 1,699.46
7/13	67013	410.32	7/15	67058 126.46
7/13	67014	213.54	7/15	67060* 97.83

* Denotes missing check numbers

Date 7/31/15 Page 4
Primary Account @XXXXXXXXXX@4308
Enclosures 109

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

--- CHECKS IN CHECK NUMBER ORDER ---

Date	Check No	Amount
7/15	67061	84.00

* Denotes missing check numbers

* * * DAILY BALANCE INFORMATION * * *

Date	Balance	Date	Balance	Date	Balance
7/01	6,714.83	7/10	32,707.88	7/17	581.87-
7/02	4,169.29	7/13	11,677.00	7/20	2,569.10
7/03	1,652.28	7/14	1,989.82	7/21	2,390.58
7/09	1,313.17	7/15	993.11		

ATTACHMENT 5B
CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

Period ending 7/31/15

NAME OF BANK: National Bank of Commerce BRANCH: _____

BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxx4308

PURPOSE OF ACCOUNT: PAYROLL

Account for all disbursements, including voids, lost payments, stop payment, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

Check Register					St Francis Home In The Park		Check Date: 07/10/2015				
Company (GA0582)					Pay Period: 06/22/2015 to 07/05/2015			Process: 2015071001			
Bank Account	Transit Number	Bank Name	Description		Page 1						
4308	091800028	NATIONAL BANK OF COMMERCE,	CLIENT- STARTED-2/17/15								
Payroll Checks	Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep.	Net Check			
	66963	Reg	07/10/2015	612712	Anderson, Lisa	676.65	0.00	676.65			
	66964	Reg	07/10/2015	964147	Bruzek, Lisa	752.48	0.00	752.48			
	66965	Reg	07/10/2015	964147	Bruzek, Lisa	460.63	0.00	460.63			
	66966	Reg	07/10/2015	136767	Brzezinski, Deborah	821.85	0.00	821.85			
	66967	Reg	07/10/2015	136767	Brzezinski, Deborah	436.94	0.00	436.94			
	66968	Reg	07/10/2015	987905	Buccanero, Jennifer	1,091.96	0.00	1,091.96			
	66969	Reg	07/10/2015	987905	Buccanero, Jennifer	436.94	0.00	436.94			
	66970	Reg	07/10/2015	903859	Carlin, Tammi	654.65	0.00	654.65			
	66971	Reg	07/10/2015	088039	Engel, Justin	1,095.30	0.00	1,095.30			
	66972	Reg	07/10/2015	088039	Engel, Justin	455.55	0.00	455.55			
	66973	Reg	07/10/2015	944552	Kovalci, Jessica	697.42	0.00	697.42			
	66974	Reg	07/10/2015	923629	Prmek, Kelly	1,197.11	0.00	1,197.11			
	66975	Reg	07/10/2015	923629	Prmek, Kelly	618.54	0.00	618.54			
	66976	Reg	07/10/2015	747018	Ayers, Lauri	580.12	0.00	580.12			
	66977	Reg	07/10/2015	989420	Gavin, Michael	1,018.51	0.00	1,018.51			
	66978	Reg	07/10/2015	989420	Gavin, Michael	453.17	0.00	453.17			
	66979	Reg	07/10/2015	999858	Mobilia, Karin	785.98	0.00	785.98			
	66980	Reg	07/10/2015	703467	Riddell-Wnde, Mary	10.24	0.00	10.24			
	66981	Reg	07/10/2015	999870	Selnepper, Diana	1,042.25	0.00	1,042.25			
	66982	Reg	07/10/2015	846167	Swonger, Ho	258.81	0.00	258.81			
	66983	Reg	07/10/2015	846167	Swonger, Ho	1,411.96	0.00	1,411.96			
	66984	Reg	07/10/2015	887403	Anderson, Brenda	445.01	0.00	445.01			
	66985	Reg	07/10/2015	841443	Anderson, Tina	140.25	0.00	140.25			
	66986	Reg	07/10/2015	115245	Beckwell, Lily	609.77	0.00	609.77			
	66987	Reg	07/10/2015	864510	Birk, Randi	590.95	0.00	590.95			
	66988	Reg	07/10/2015	999875	Bodenndoerfer, Alexandra	492.25	0.00	492.25			
	66989	Reg	07/10/2015	920863	Chiles, Sarah	208.50	0.00	208.50			
	66990	Reg	07/10/2015	139245	Christman, Devon	464.73	0.00	464.73			
	66991	Reg	07/10/2015	290306	D'Auria, Kiley	376.19	0.00	376.19			
	66992	Reg	07/10/2015	923334	Degraef, Elizabeth	657.83	0.00	657.83			
	66993	Reg	07/10/2015	734876	DeMoore, Brooke	304.60	0.00	304.60			
	66994	Reg	07/10/2015	22780	Espejo, Carolyn	466.75	0.00	466.75			
	66995	Reg	07/10/2015	848810	Hall, Angelia	193.32	0.00	193.32			
	66996	Reg	07/10/2015	116920	Houle, Marcia	207.42	0.00	207.42			
	66997	Reg	07/10/2015	677791	Jillson, Laura	350.83	0.00	350.83			
	66998	Reg	07/10/2015	686608	Johnson, Joan	390.97	0.00	390.97			
	66999	Reg	07/10/2015	702301	Kidder, Rebecca	399.35	0.00	399.35			
	67000	Reg	07/10/2015	115228	Lockwood, Jacklyn	333.86	0.00	333.86			
	67001	Reg	07/10/2015	115228	Lockwood, Jacklyn	229.77	0.00	229.77			
	67002	Reg	07/10/2015	134173	Loughren, Samantha	320.49	0.00	320.49			
	67003	Reg	07/10/2015	69439	Maki, Blaine	390.38	0.00	390.38			
	67004	Reg	07/10/2015	862208	Nielsen, Jannette	145.05	0.00	145.05			
	67005	Reg	07/10/2015	137389	Oliver, Kodi	76.16	0.00	76.16			
	67006	Reg	07/10/2015	922627	Ouzzen, Jennifer	385.72	0.00	385.72			
	67007	Reg	07/10/2015	801276	Peterson, Shelley Marie	218.50	0.00	218.50			
	67008	Reg	07/10/2015	595896	Pruett, Aminda	597.36	0.00	597.36			
	67009	Reg	07/10/2015	595896	Pruett, Aminda	230.87	0.00	230.87			
	67010	Reg	07/10/2015	667800	Rudlike, Kathleen	623.48	0.00	623.48			
	67011	Reg	07/10/2015	393759	Reed, Toni	334.04	0.00	334.04			
	67012	Reg	07/10/2015	747463	Rogers, Amber	283.24	0.00	283.24			
	67013	Reg	07/10/2015	084491	Rogers, Autumn	410.32	0.00	410.32			
	67014	Reg	07/10/2015	084491	Rogers, Autumn	213.54	0.00	213.54			
	67015	Reg	07/10/2015	5401652	Ross, Margaret	299.60	0.00	299.60			
	67016	Reg	07/10/2015	085921	Sanders, Courtney	180.04	0.00	180.04			
	67017	Reg	07/10/2015	296045	Strandness, Kayla	766.23	0.00	766.23			
	67018	Reg	07/10/2015	777130	Tucker, Mistie	519.29	0.00	519.29			
	67019	Reg	07/10/2015	393281	Vang, Jiyon	282.37	0.00	282.37			
	67020	Reg	07/10/2015	393281	Vang, Jiyon	184.70	0.00	184.70			
	67021	Reg	07/10/2015	136574	Vazquez, Alexander	433.91	0.00	433.91			
	67022	Reg	07/10/2015	291643	Vukelich, Sarah	512.78	0.00	512.78			
	67023	Reg	07/10/2015	945947	Winkler-Peterson, Angela	859.92	0.00	859.92			
	67024	Reg	07/10/2015	372486	Wise, Charity	366.62	0.00	366.62			
	67025	Reg	07/10/2015	983557	Howes, Kahlilah	467.92	0.00	467.92			
	67026	Reg	07/10/2015	875489	Vorlooy, Lauris	838.72	0.00	838.72			
	67027	Reg	07/10/2015	024246	Lundhorn, Julianne	1,535.37	0.00	1,535.37			
	67028	Reg	07/10/2015	861711	Van Overmeiren, Melissa	1,088.31	0.00	1,088.31			
	67029	Reg	07/10/2015	725053	Brundwall, Catherine	674.30	0.00	674.30			
	67030	Reg	07/10/2015	660670	Fitch, Christine	996.89	0.00	996.89			
	67031	Reg	07/10/2015	768955	Aiken, Candy	500.51	0.00	500.51			
	67032	Reg	07/10/2015	156061	Banks, Jeannine	341.72	0.00	341.72			
	67033	Reg	07/10/2015	904048	Jacobson, Sherry	917.56	0.00	917.56			
	67034	Reg	07/10/2015	722914	Johns, Barbara	367.93	0.00	367.93			
	67035	Reg	07/10/2015	068375	Koltz, Ashley	271.81	0.00	271.81			
	67036	Reg	07/10/2015	740633	LaValley, Elizabeth	102.36	0.00	102.36			
	67037	Reg	07/10/2015	900374	Rusk, Jesse	206.94	0.00	206.94			

Check Register

St Francis Home In The Park
Company (GA0582)

Check Date: 07/10/2015
Pay Period: 06/22/2015 to 07/05/2015
Process: 2015071001

Page

Bank Account	Transit Number	Bank Name	Description				
1308	091800028	NATIONAL BANK OF COMMERCE.	CLIENT- STARTED-2/17/15				
Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir. Dep.	Net Check
67038	<input type="checkbox"/> Reg	07/10/2015	923913	Sjogren, Daniel	232.33	0.00	232.33
67039	<input type="checkbox"/> Reg	07/10/2015	947026	Snook, Ross	218.48	0.00	218.48
67040	<input type="checkbox"/> Reg	07/10/2015	523171	Wicklund, Joanie	579.52	0.00	579.52
67041	<input type="checkbox"/> Reg	07/10/2015	744528	Burhau, Alan	1,180.46	0.00	1,180.46
67042	<input type="checkbox"/> Reg	07/10/2015	623919	Brock, Wanda	356.64	0.00	356.64
67043	<input type="checkbox"/> Reg	07/10/2015	580294	Burhau, Marian	309.01	0.00	309.01
67044	<input type="checkbox"/> Reg	07/10/2015	172188	Carr, Amanda	160.21	0.00	160.21
67045	<input type="checkbox"/> Reg	07/10/2015	920067	Coone, Steven	453.04	0.00	453.04
67046	<input type="checkbox"/> Reg	07/10/2015	866817	Doolittle, Robin	483.62	0.00	483.62
67047	<input type="checkbox"/> Reg	07/10/2015	782826	Jones, Franklin	400.47	0.00	400.47
67048	<input type="checkbox"/> Reg	07/10/2015	928543	Sawyer, Donna	142.97	0.00	142.97
67049	<input type="checkbox"/> Reg	07/10/2015	444143	Wehl, Paulette	377.14	0.00	377.14
67050	<input type="checkbox"/> Reg	07/10/2015	081820	Warner, Kurlina	740.94	0.00	740.94
67051	<input type="checkbox"/> Reg	07/10/2015	561027	Duffy, Thomas	735.62	0.00	735.62
67052	<input type="checkbox"/> Reg	07/10/2015	470918	Anderson, Jim	1,224.89	0.00	1,224.89
67053	<input type="checkbox"/> Reg	07/10/2015	483478	Christianson, Joann	969.01	0.00	969.01
67054	<input type="checkbox"/> Reg	07/10/2015	847349	Clark, Brendi	725.44	0.00	725.44
67055	<input type="checkbox"/> Reg	07/10/2015	086992	Gervais, Destiny	752.99	0.00	752.99
67056	<input type="checkbox"/> Reg	07/10/2015	761881	Miner, Mary	579.41	0.00	579.41
67057	<input type="checkbox"/> Reg	07/10/2015	40859	Rosa, Jennifer	1,699.46	0.00	1,699.46

Totals for Payroll Checks

95 Items

51,116.01

51,116.01

Third Party and Miss Checks

Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir. Dep.	Net Check
67058	<input type="checkbox"/> Agency	07/10/2013	22	WI SCTF	126.46	0.00	126.46
67059	<input type="checkbox"/> Agency	07/10/2013	6	WI COUNCIL 40, PER CAPITA	681.53	0.00	681.53
67060	<input type="checkbox"/> Agency	07/10/2013	81	HARTFORD LIBB	97.83	0.00	97.83
67061	<input type="checkbox"/> Agency	07/10/2013	JRASK	WI SCTF	84.00	0.00	84.00
67062	<input type="checkbox"/> Tax	07/10/2013	WI	THIS IS NOT A VALID CHECK	1,949.15	0.00	1,949.15
101019	<input type="checkbox"/> Tax	07/10/2013	FITW	NATIONAL BANK OF COMMER	13,426.17	13,426.17	0.00
101020	<input type="checkbox"/> Transfer	07/09/2013	Billing	Proliant Atlanta	339.11	339.11	0.00

Totals for Third Party and Misc Checks

7 Items

16,704.25

2,938,97

Totals for Account 9071064308

Totals for Account 2017000000		Check No.	4	989.82	0.00	989.82
Agency		95	51,116.01	0.00	51,116.01	
Reg		2	15,375.32	13,426.17	1,949.15	
Tax		1	339.11	339.11	0.00	
Transfer						
		Totals	102	67,820.26	13,765.28	\$4,054.98

Account Totals

9071064308	102	67,820.26	13,765.28	54,054.98
Total	102	67,820.26	13,765.28	54,054.98

ATTACHMENT 4B-2

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at
http://www.usdoj.gov/ust/r21/reg_info.htm.

NAME OF BANK: BMO Harris Bank BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxx1096

PURPOSE OF ACCOUNT: PAYROLL

Ending Balance per Bank Statement	<u>\$ 66.81</u>
Plus Total Amount of Outstanding Deposits	<u>\$</u>
Minus Total Amount of Outstanding Checks and other debits	<u>\$</u> *
Minus Service Charges	<u>\$</u>
Ending Balance per Check Register	<u>\$ 66.81</u> **(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid by Cash: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

SUPERIOR, INC. (215)
PAYROLL BANK RECONCILIATION
(215) 1-0000-1000005
July 31, 2015
HARRIS BANK (Bank Account Number Ending 1096)

	Per Bank	Per Books
BEGINNING GL BALANCE		86.81
ENDING BANK BALANCE	66.81	

ANALYSIS CHARGE	(20.00)
-----------------	---------

66.81	66.81
-------	-------

Difference between Bank and Books

Prepared by: _____

Approved by: _____



A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

207910

ACCOUNT NUMBER: 1096

Statement Period
07/01/15 TO 07/31/15
IM0099002900000000

01 09196

PAGE 1 OF 2

0
HP/SUPERIOR, INC.
DBA ST FRANCIS IN THE PARK
PAYROLL ACCOUNT
1800 NEW YORK AVE
SUPERIOR WI 54880

1000

GOOD NEWS! EFFECTIVE SEPTEMBER 27, 2015, CASH DEPOSITS AT BRANCHES AND ATMS WILL BE AVAILABLE FOR IMMEDIATE USE ON THE DAY THAT WE RECEIVE THE DEPOSIT. EACH ATM DEPOSIT MAY INCLUDE UP TO 40 ITEMS AND SHALL NOT EXCEED \$999,999.99. THIS AMENDS SECTIONS 8 AND 9(C) OF THE DEPOSIT ACCOUNT AGREEMENT FOR PERSONAL AND BUSINESS ACCOUNTS.

IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO HARRIS ACCOUNTS, PLEASE CALL US TOLL-FREE AT 1-888-340-2265. BMO HARRIS BANK(R) IS A TRADE NAME USED BY BMO HARRIS BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER. NMLS401052 VISIT US ONLINE AT WWW.BMOHARRIS.COM.

CHECKING ACCOUNTS

BUSINESS ADVANTAGE CKG
ACCOUNT NUMBER 1096

(Checking)

HP/SUPERIOR, INC.

Interest Paid YTD .90

SERVICE CHARGE ANALYSIS

			Volume	Units	Amount
Average Ledger Bal	86.81	Maintenance Fee			20.00
Average Float	.00	Checks Paid	0		
Average Coll Bal	86.81	Checks Deposited	0		
		Deposits	0		
		ACH Credits	0		
		ACH Debits	0		
		Total Transactions	0		
		Excessive Trans > 500	0	.25	.00
		Total Service Charge			20.00

DEPOSIT ACCOUNT SUMMARY

Previous Balance as of June	30, 2015	86.81
Service Charge	(Minus)	20.00
Ending Balance as of July	31, 2015	66.81

Withdrawals and Other Debits		
Date	Amount	Description
Jul 31	20.00	MAINTENANCE FEE



A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

207911

ACCOUNT NUMBER: 1096

Statement Period
07/01/15 TO 07/31/15
IM0099002900000000

01 09196

HP/SUPERIOR, INC.

PAGE 2 OF 2

0

Daily Balance Summary

Date	Balance	Date	Balance
Jun 30	86.81	Jul 31	66.81

Statement Period Rates

Effective	Jul 01, 2015	Balance	Rate
		ZERO to 4,999	0.010 %
		5,000 to 9,999	0.010 %
		10,000 to 24,999	0.050 %
		25,000 to 49,999	0.050 %
		50,000 to 99,999	0.100 %
		100,000 to 249,999	0.100 %
		250,000 to 999,999	0.100 %
		1,000,000 to 9,999,999	0.100 %
		10,000,000 to 99,999,999	0.100 %

ATTACHMENT 5B-2
CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

Period ending 7/31/15

NAME OF BANK: BMO Harris Bank BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxx1096

PURPOSE OF ACCOUNT: PAYROLL

Account for all disbursements, including voids, lost payments, stop payment, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, <http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: BMO Harris Bank BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxxxx1037

PURPOSE OF ACCOUNT: TAX

Ending Balance per Bank Statement	\$ 428.58
Plus Total Amount of Outstanding Deposits	\$ 30,000.00
Minus Total Amount of Outstanding Checks and other debits	\$ _____ *
Minus Service Charges	\$ _____
Ending Balance per Check Register	\$ 30,428.58 **(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid by Cash: (Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

**SUPERIOR, INC. (215)
TAX BANK RECONCILIATION
(215) 1-0000-1000006
July 31, 2016
ARRIS BANK (Bank Account Number Ending 1037)**

	Per Bank	Per Books
BEGINNING GL BALANCE		4,936.58
ENDING BANK BALANCE	428.58	
Deposit in Transit	30,000.00	30,000.00
WIRE TRANSFERS		(4,500.00)
ANALYSIS CHARGE		(8.00)
	30,428.58	30,428.58

Difference between Bank and Books

Prepared by: _____

Approved by: _____



A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

207906

ACCOUNT NUMBER: **1037**

Statement Period
07/01/15 TO 07/31/15
IM0099002900000000

01 09196

PAGE 1 OF 2

HP/SUPERIOR, INC.
DBA ST FRANCIS IN TH PARK
TAX ACCOUNT
0 1800 NEW YORK AVE
SUPERIOR WI 54880

1000

GOOD NEWS! EFFECTIVE SEPTEMBER 27, 2015, CASH DEPOSITS AT BRANCHES AND ATMS WILL BE AVAILABLE FOR IMMEDIATE USE ON THE DAY THAT WE RECEIVE THE DEPOSIT. EACH ATM DEPOSIT MAY INCLUDE UP TO 40 ITEMS AND SHALL NOT EXCEED \$999,999.99. THIS AMENDS SECTIONS 8 AND 9(C) OF THE DEPOSIT ACCOUNT AGREEMENT FOR PERSONAL AND BUSINESS ACCOUNTS.

IF YOU HAVE QUESTIONS ABOUT ANY OF YOUR BMO HARRIS ACCOUNTS, PLEASE CALL US TOLL-FREE AT 1-888-340-2265. BMO HARRIS BANK(R) IS A TRADE NAME USED BY BMO HARRIS BANK N.A. MEMBER FDIC. EQUAL HOUSING LENDER. NMLS401052 VISIT US ONLINE AT WWW.BMOHARRIS.COM.

CHECKING ACCOUNTS

ESSENTIAL BUSINESS CKG
ACCOUNT NUMBER **1037** (Checking) HP/SUPERIOR, INC.

SERVICE CHARGE ANALYSIS

		Volume	Units	Amount
Average Ledger Bal	581.74	Maintenance Fee		8.00
Average Float	.00	Checks Paid	0	
Average Coll Bal	581.74	Checks Deposited	0	
		Deposits	0	
		ACH Credits	0	
		ACH Debits	0	
		Total Transactions	0	
		Excessive Trans > 150	0	.50
		Total Service Charge		.00

DEPOSIT ACCOUNT SUMMARY

Previous Balance as of June	30, 2015	4,936.58
1 Withdrawals	(Minus)	4,500.00
Service Charge	(Minus)	8.00
Ending Balance as of July	31, 2015	428.50

Withdrawals and Other Debits		
Date	Amount	Description
Jul 02	4,500.00	PC TRANSFER DEBIT
Jul 31	8.00	SERVICE CHARGE



A part of BMO Financial Group

BMO HARRIS BANK N.A.
P.O. BOX 94033
PALATINE, IL 60094-4033

207907

ACCOUNT NUMBER: 1037

Statement Period
07/01/15 TO 07/31/15
IM0099002900000000

01 09196

HP/SUPERIOR, INC.

PAGE 2 OF 2

0

Daily Balance Summary

Date	Balance	Date	Balance
Jun 30	4,936.50	Jul 31	428.58
Jul 02	436.58		

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

Period ending 7/31/15

NAME OF BANK: BMO Harris Bank BRANCH: _____

BRANCH: _____

ACCOUNT NAME: HP/Superior ACCOUNT # xxxxxxxx1037

ACCOUNT # xxxxxxxx1037

PURPOSE OF ACCOUNT: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

<http://www.usdoj.gov/ust/>

SUMMARY OF TAXES PAID

Payroll Taxes Paid _____ (a)
_____ (b)

Sales & Use Taxes Paid _____(b) _____(c)

Other Taxes Paid _____ (c) _____ (d)

TOTAL _____ (a)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).
- (b) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5P).
- (c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
- (d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
TOTAL				(a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

Location of Box/Account	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand At End of Month	(Column 4) Difference between Cash On Hand (Column 2) and At End of Month (Column 3)
			0.00
TOTAL		\$ (b)	

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation _____

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ (c)

(c) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 7/1/15 Period ending 7/31/15

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
<u>Wisconsin</u>	<u>2/2/2015</u>	<u>Payroll</u>	<u>\$ 4,262.60</u>	<u>4/30/2015</u>	<u>1st QTR 2015</u>
<u>Wisconsin</u>	<u>2/16/2015</u>	<u>Payroll</u>	<u>3,583.77</u>	<u>4/30/2015</u>	<u>1st QTR 2015</u>
<u>Wisconsin</u>	<u>3/2/2015</u>	<u>Payroll</u>	<u>3,589.18</u>	<u>4/30/2015</u>	<u>1st QTR 2015</u>
<u>Wisconsin</u>	<u>3/16/2015</u>	<u>Payroll</u>	<u>3,415.23</u>	<u>4/30/2015</u>	<u>1st QTR 2015</u>
<u>Wisconsin</u>	<u>3/31/2015</u>	<u>Payroll</u>	<u>3,535.10</u>	<u>4/30/2015</u>	<u>1st QTR 2015</u>
<u>Wisconsin</u>	<u>4/15/2015</u>	<u>Payroll</u>	<u>3,442.53</u>	<u>7/31/2015</u>	<u>2nd QTR 2015</u>
<u>Wisconsin</u>	<u>4/30/2015</u>	<u>Payroll</u>	<u>3,588.79</u>	<u>7/31/2015</u>	<u>2nd QTR 2015</u>
<u>Wisconsin</u>	<u>5/15/2015</u>	<u>Payroll</u>	<u>4,030.23</u>	<u>7/31/2015</u>	<u>2nd QTR 2015</u>
<u>Wisconsin</u>	<u>6/1/2015</u>	<u>Payroll</u>	<u>7,394.54</u>	<u>7/31/2015</u>	<u>2nd QTR 2015</u>
<u>Wisconsin</u>	<u>6/15/2015</u>	<u>Payroll</u>	<u>3,764.33</u>	<u>7/31/2015</u>	<u>2nd QTR 2015</u>
<u>Wisconsin</u>	<u>6/30/2015</u>	<u>Payroll</u>	<u>3,920.48</u>	<u>7/31/2015</u>	<u>2nd QTR 2015</u>
<u>Wisconsin</u>	<u>7/15/2015</u>	<u>Payroll</u>	<u>3,576.05</u>	<u>10/31/2015</u>	<u>3rd QTR 2015</u>
<u>Wisconsin</u>	<u>6/30/2015</u>	<u>Payroll</u>	<u>1,949.15</u>	<u>10/31/2015</u>	<u>3rd QTR 2015</u>
<u>IRS</u>	<u>4/8/2015</u>	<u>Payroll</u>	<u>20,612.46</u>	<u>7/31/2015</u>	<u>2nd QTR 2015</u>
<u>IRS</u>	<u>4/22/2015</u>	<u>Payroll</u>	<u>21,823.56</u>	<u>7/31/2015</u>	<u>2nd QTR 2015</u>
<u>IRS</u>	<u>5/6/2015</u>	<u>Payroll</u>	<u>19,984.96</u>	<u>7/31/2015</u>	<u>2nd QTR 2015</u>

IRS	<u>5/20/2015</u>	Payroll	<u>21,291.66</u>	7/31/2015	2 nd QTR 2015
IRS	<u>6/3/2015</u>	Payroll	<u>21,532.86</u>	7/31/2015	2 nd QTR 2015
IRS	<u>6/17/2015</u>	Payroll	<u>21,471.41</u>	7/31/2015	2 nd QTR 2015
IRS	<u>7/1/2015</u>	Payroll	<u>20,196.82</u>	10/31/2015	3 rd QTR 2015
IRS	<u>7/15/2015</u>	Payroll	<u>13,426.17</u>	10/31/2015	3 rd QTR 2015
TOTAL			<u>\$ 210,391.88</u>		

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor: HP/Superior, Inc. Case Number: 14-71779

Reporting Period beginning 7/1/15 Period ending 7/31/15

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Payment Description</u>	<u>Amount Paid</u>
None			

PERSONNEL REPORT

	Full Time	Part Time
Number of employees at beginning of period	0	0
Number hired during the period	0	
Number terminated or resigned during period		
Number of employees on payroll at end of period		

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

Agent and/or Carrier	Phone Number	Policy Number	Coverage Type	Expiration Date	Date Premium Due
See Attached					

The following lapse in insurance coverage occurred this month:

Policy Type	Date Lapsed	Date Reinstated	Reason for Lapse

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.



CERTIFICATE OF LIABILITY INSURANCE

STFRA-2 OP ID: KE
DATE (MM/DD/YYYY)
12/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Kelly Harney PHONE: (AG. No. 1xx) 703-359-8100 FAX: (AG. No. 1xx) 703-359-8100 EMAIL: kharney@hamiltoninsurance.com ADDRESS:	
Hamilton Insurance Agency Alan J. Zuccari, Inc. 4100 Monument Corner Dr. #500 Fairfax, VA 22303 Robert Schumann	INSURER(A) AFFORDING COVERAGE	NAIC #
	Lloyd's of London	AA112
INSURED	INSURER(B)	
HP/Superior, Inc., dba St. Francis In the Park Health and Rehabilitation Center (Debtor in Possession) 1800 New York Avenue Superior, WI 54880	INSURER(C)	
	INSURER(D)	
	INSURER(E)	
	INSURER(F)	

COVERAGEs

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADOL/ SUBR (INSR/ WVR)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	
					12/30/2014	12/30/2015
GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (EX OCCURRENCE)	\$ 3
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		TBD			MED EXP (Any one person)	\$
<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					PERSONAL & ADV INJURY	\$
<input checked="" type="checkbox"/> Prof Liab Includ					GENERAL AGGREGATE	\$ 300,000
GENL AGGREGATE LIMIT APPLIES PER:	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				PRODUCTS - COMPOD AGG	\$
AUTOMOBILE LIABILITY					COMBINED SINGLE UNIT (EX ACCIDENT)	\$
<input type="checkbox"/> ANY AUTO ALLOWED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (per person)	\$
<input type="checkbox"/> INRED AUTOS					BODILY INJURY (per accident)	\$
UMBRELLA LIAB	<input type="checkbox"/> OCCUR CLAIMS-MADE				PROPERTY DAMAGE (per accident)	\$
EXCESS LIAB					EACH OCCURRENCE	\$
DED	RETENTIONS				AGGREGATE	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in HI) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A			WC STATU- TORY LIMITS	OTH- ER
					EL EACH ACCIDENT	\$
					EL DISEASE - EA EMPLOYEE	\$
					EL DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: HP Superior, Inc. d/b/a St. Francis in the Park Health & Rehabilitation Center, 1800 New York Avenue, Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

FORINFO

For Information Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Robert Schumann



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MCGRUFF, BEIDEL & WILLIAMS OF GEORGIA, INC.
6005 Glendale Drive - Suite 300
Atlanta, GA 30342

CONTACT NAME: Kell Davino
PHONE: (404) 497-7600
FAX: (404) 497-7600
EMAIL: kdavino@mcgriff.com

FAX:

INSURER(S) AFFORDED COVERAGE
INSURER A: Timbers Casualty & Surety Company

NAIC #

INSURED
Superior Healthcare Investors, Inc.
AltisCare Corporation
HP Holdings, Inc.
6895 Windward Parkway
Suite 200
Alpharetta, GA 30004

INSURER B
INSURER C
INSURER D
INSURER E
INSURER F

COVERAGEs

CERTIFICATE NUMBER: WLA8XCWA

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS OWNED MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	INSURER NAME & ADD.	POLICY NUMBER	POLICY EFF. MM/DD/YY	POLICY EXP. MM/DD/YY	LIMITS
GENERAL LIABILITY					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ex. Residential) \$ MED EXP (Any one person) \$ PERSONAL & ADV. INJURY \$ GENERAL AD. DEDUCTIBLE \$ PRODUCTS - COND/OP ADG \$ \$
COMMERCIAL GENERAL LIABILITY					GENERAL AD. DEDUCTIBLE \$ DAMAGED BLDG. LIMIT (Ex. Residential) \$ BODY BLINJ (Per person) \$ BODY INJURY (Per Bodily Injury) \$ PROPERTY DAMAGE (Ex. Residential) \$ \$
CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ AD. DEDUCTIBLE \$ \$
DEM. AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOO					
AUTOMOBILE LIABILITY					
ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
EXCESS LIABILITY <input type="checkbox"/> CLAIMS-MADE					
DED <input type="checkbox"/> RETENTION <input type="checkbox"/>					
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROMISED MANAGER/EXECUTIVE OFFICER/MEMBER EXCLUDED <input checked="" type="checkbox"/> Y/N Mandatory In HI Yes, Retain under DESCRIPTION OF OPERATIONS Below	N/A				100% PAY. IN TOK. (Units) \$ EL. EACH ACCIDENT \$ EL. DISEASE - EA. EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$ Employee Discharge Retention \$
A CRIME		105518004	11/01/2014	11/01/2016	1,000,000 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: Bl. Friends In The Park Health & Rehabilitation, 1800 New York Ave., Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Capital Source Finance
4465 Willard Ave., 12th Floor
Chevy Chase, MD 20815

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POLICY NUMBER: 42 UEN JF9456



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT OF THE DECLARATIONS - ADDITIONAL
PERSONS OR ORGANIZATIONS DESIGNATED AS NAMED
INSUREDS**

The following person(s) or organization(s) are added to the Declarations as Named Insureds:

01143

*25002423594560101

ALTA CARE CORPORATION

LOCATION

ADDITIONAL INSURED

ST FRANCIS

HP/SUPERIOR, INC.



CERTIFICATE OF LIABILITY INSURANCE

ALTAC-1 OP ID: GF
DATE (MM/DD/YYYY)
08/19/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Hamilton Insurance Agency
Alan J. Zuccari, Inc.
4100 Monument Corner Dr. #500
Fairfax, VA 22030
Robert Schumann

INSURED
AltaCare Corporation
5895 Windward Parkway S-200
Alpharetta, GA 30005

CONTACT NAME: Kelly Harney PHONE: 703-359-8100 FAX: (703) 359-8108 IAC No. Ex0 E-MAIL: KHarney@hamiltoninsurance.com ADDRESS:	INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford Ins. Co.	NAIC #
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LIR	TYPE OF INSURANCE	ADD/SUB INSR/WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (If a occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$
	GENL AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOO					COMBINED SINGLE LIMIT (If accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>		42 UEN JF9456	03/01/2016	03/01/2016	EACH OCCURRENCE \$ AGGREGATE \$ \$
	UMBRELLA LIAB EXCESS LIAB OED <input type="checkbox"/> RETENTION \$					WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In HI) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER For Information Purposes Only	INFO-5	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE Robert Schumann

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(es) must be endorsed, if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER:
MCGRUFF, BEBELS & WILLIAMS OF GEORGIA, INC.
6005 Glendale Drive • Suite 300
Atlanta, GA 30342

CONTACT NAME	Karl Devine	TELE
PHONE	104 487-7600	TELE, MOB:
FAX		
E-MAIL ADDRESS	kdevine@mccriff.com	
INSURER(S) AFFORING COVERAGE		HASC F
INSURER A: Travelers Casualty & Surety Company		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: WLA00001

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	ADDITIONAL INSURER TYPE	POLICY NUMBER	FULLY EFF. PERIOD	FOLLOWUP PERIOD	LIMITS
	GENERAL LIABILITY					
	COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GEN. AGGREGATE LIMIT APPLIES PERU					
	POLICY LDO- 100- 100-100					
	AUTOMOBILE LIABILITY					
	ANY AUTO ALL OWNED AUTOS Hired AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				
	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR				
	EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE				
	GEN <input checked="" type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MANAGER EXCLUDED	<input checked="" type="checkbox"/>	N/A			
	MANDATORY IN HQ					
	NO. LOCATIONS 1/1/99					
	DESCRIPTION OF OPERATIONS Below		105510006	11/01/2014	11/01/2016	1,000,000 26,000
A	OFFICE					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ADDO 101, Additional Remarks Schedule, if more space is required)
Re: St. Francis In the Park Health & Rehabilitation, 1800 New York Ave., Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, A CANCELLED NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD®

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY	PHONE	404 497-7600	COVERAGE
MCGRUFF, BEIBELS & WILLIAMS OF GEORGIA, INC. 5605 Glendale Drive - Suite 300 Atlanta, GA 30342			Affiliated PM Insurance New Providence Corp. 2000 River Edge Parkway Atlanta, GA 30328-4652
ATTY/PROD	EMAIL ADDRESS	kdovino@mcfif.com	LOAN NUMBER
CODE	ATTN COPR		POLICY NUMBER
AGENCY CUSTOMER ID #:	43465		10/007
INSURED	SUPERIOR HEALTHCARE INVESTORS, INC. AIA Care Corporation HP Holdings, Inc. 5695 Windward Parkway Suite 200 Alpharetta, GA 30004		
BEPAID/EXPIRE DATE		EXPIRATION DATE	
11/01/2014		11/01/2016	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION
St. Francis Intra Park Health & Rehabilitation
1000 New York Ave.
Superior, WI 54880

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

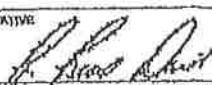
COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
SEE ATTACHED		

REMARKS (including Special Conditions)

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
--

CANCELLATION

ADDITIONAL INTEREST

NAME AND ADDRESS	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	
		

ACORD 27 (2009/12)

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Attachment of Evidence of Property Insurance
St. Francis In the Park Health & Rehabilitation

COVERAGE INFORMATION		
COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building Value ~ Replacement Cost/Special Form	\$ 8,798,103	\$10,000
Contents - Replacement Cost/Special Form	\$ 1,234,800	\$10,000
Business Income/Extra Expenses ~ Actual Loss Sustained	\$ 1,600,000	\$10,000
Flood Sublimit	\$25,000,000	\$100,000
Earthquake Sublimit	\$25,000,000	\$100,000
Boiler & Machinery Property Damage -- Included		\$10,000
Boiler & Machinery Business Interruption		Average Daily Value
Certified Acts of Terrorism Included		
Demolition and Increased Cost of Construction		
Item A: Undamaged Portion	Policy Limit	
Item B: Demolition	\$6,000,000	
Item C: Compliance with the Law	Included In Item B	
Item D: Business Interruption	Included In Item B	



THE GUARANTEE COMPANY OF NORTH AMERICA USA

One Towne Square, Ste 1470
Southfield, MI 48070
Telephone: 248-281-0281
Fax: 248-750-0431

Continuation Certificate

WI Department of Health & Family Services
1 W Wilson Bl
Madison, Wisconsin 53702

In accordance with the terms of the Bond or Statute, you are hereby given written notice of the continuation of the following bond:

Bond Number 95004628

Issued to St. Francis In the Park Health & Rehab Center
In favor of WI Department of Health & Family Services
described as Patient Fund Bond

Continuation shall be effective on 0/28/2014 and expire on 0/28/2016.

This bond continues in force to the above expiration date provided that losses and recoveries on it and all endorsements shall never exceed the penalty set forth in the bond, no matter how long this bond is in force.

In witness whereof, The Guarantee Co. Of North America USA has caused this instrument to be signed by its duly authorized Attorney-In-Fact this 28th day of September, 2014.

St. Francis In the Park Health & Rehab Center

Principal

By: CKM - DH

By: Karen Pamell

Karen Pamell, Attorney-In-Fact

Guarantee North America since 1872



THE
GUARANTEE™

The Guarantee Company of North America USA,
Southfield, Michigan

POWER OF ATTORNEY

POWER OF ATTORNEY NUMBER (must match bond number on bond): 06004626

Patent Fund Bond

Forty Five Thousand Dollars (\$46,000.00)

KNOW ALL BY THESE PRESENTS: That THE GUARANTEE COMPANY OF NORTH AMERICA USA, a corporation organized and existing under the laws of the State of Michigan, having its principal office in Southfield, Michigan, does hereby constitute and appoint

Keith Parnell, Fairfax, VA

its true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as attorney, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract

or otherwise. The execution of such instrument(s) in pursuance of these presents, shall be as binding upon THE GUARANTEE COMPANY OF NORTH AMERICA USA as fully and firmly, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its

The Power of Attorney is executed and may be certified to, and may be revoked, pursuant to and by authority of Article IX, Section 0.03 of the By-Laws adopted by the Board of Directors of THE GUARANTEE COMPANY OF NORTH AMERICA USA at a meeting held on the 31st day of December, 2003. The President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority:

1. To appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, and attach the Seal of the Company thereto, bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof; and
2. To revoke, at any time, any such Attorney-in-fact and revoke the authority given, except as provided below.
3. In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consulting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.
4. In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner of Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted at a meeting duly called and held on the 6th day of December 2011, of which the following is a true extract:

RESOLVED that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, contracts of indemnity and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually signed.



IN WITNESS WHEREOF, THE GUARANTEE COMPANY OF NORTH AMERICA USA has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 23rd day of February, 2012.

THE GUARANTEE COMPANY OF NORTH AMERICA USA

STATE OF MICHIGAN
County of Oakland

Stephen C. Riecheck, Vice President

Randall Muselman, Secretary

On this 23rd day of February, 2012 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of The Guarantee Company of North America USA; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of

Oynthia A. Takai

Notary Public, State of Michigan
County of Oakland
My Commission Expires February 27, 2018
Acting in Oakland County

IN WITNESS WHEREOF, I have hereunto set my hand at The Guarantee Company of North America USA office the day and year above written.

Cynthia A. Takai

I, Randall Muselman, Secretary of THE GUARANTEE COMPANY OF NORTH AMERICA USA, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by THE GUARANTEE COMPANY OF NORTH AMERICA USA, which is still in full force and effect.



IN WITNESS WHEREOF, I have hereunto set my hand and attached the seal of said Company this 20th day of September, 2014

Randall Muselman, Secretary

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (*attach closing statement*); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before Non Applicable.

CERTIFICATE OF SERVICE

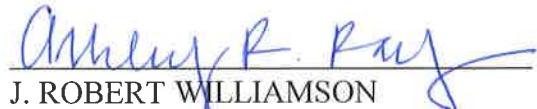
This is to certify that on this date I served a true and correct copy of the within and foregoing **Debtor's Monthly Financial Report** by causing same to be deposited in the United States Mail with adequate postage affixed thereon and addressed to the following person(s):

Office of the United States Trustee
362 Richard Russell Federal Building
75 Spring Street, S. W.
Atlanta, Georgia 30303

This 31st day of August, 2015.

Respectfully submitted,

SCROGGINS & WILLIAMSON, P.C.



J. ROBERT WILLIAMSON
Georgia Bar No. 765214
ASHLEY REYNOLDS RAY
Georgia Bar No. 601559

Counsel for the Debtor

1500 Candler Building
127 Peachtree Street, NE
Atlanta, GA 30303
(404) 893-3880